(a) whether it is a fact that India has very few doctors who specialize in treating patients suffering from infectious diseases (ID) though 48 per cent of deaths in the country are caused by such diseases like tuberculosis, typhoid, right down to the recent Swine Flu;

(b) if so, the details thereof and Government's reaction thereto;

(c) whether it is also a fact that none of the 20 odd medical colleges in the country offer a degree course in infectious diseases; and

(d) if so, the details thereof and Government's reaction thereto?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) No. The treatment of infectious diseases does not require specialization. The Medical Graduates (MBBS Doctors) are qualified to treat infectious diseases including tuberculosis, typhoid and swine flu. The Medical doctors posted in various Hospitals/Health Centres are given training/orientation from time to time to update their knowledge and skills. Continuous medical education (CME) and updates help the doctors to manage the cases.

(c) Yes.

(d) As mentioned in reply to (a) and (b) above, the Medical Graduates (MBBS Doctors) are fully qualified to treat infectious diseases with continuous medical education.

Nursing college in Chhattisgarh

†1291. SHRI SHREEGOPAL VYAS:
SHRI RUDRA NARAYAN PANY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any proposal from the State Government of Chhattisgarh along with detailed project report for setting up 'Nursing College' in Jagdalpur and 'Centre for Excellence' in Raipur have been received; and

(b) if so, the status of the proposal including grant, if any?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) Although the State Government of Chhattisgarh has forwarded the proposal for setting up of Nursing College in Jagdalpur and Centre for Excellence in Raipur but the same can not be considered for release of grant as there is no approved scheme in this regard, at present.

Health survey in EAG States

1292. DR. T. SUBBARAMI REDDY:
SHRI VIJAY JAWAHARLAL DARDA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

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†Original notice of the question was received in Hindi.

(a) whether the Central Government approved and launched health survey in Empowered Action Group (EAG) States;

(b) if so, whether States were identified under National Rural Health Mission (NRHM) to get feed back on impact of schemes under the mission;

(c) whether field work for survey would commence during 2009-10 and first set of results is likely to start flowing during 2010-11;

(d) whether NRHM was launched in 2005 to bring about improvement in health system and health status of people, especially those living in rural areas; and

(e) if so, to what extent this Mission has been successful so far?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) The Government has approved the conduct of an Annual Health Survey by the Registrar General of India (RGI), Ministry of Home Affairs (MHA) for preparing the District health profile on an annual basis in the States of Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, Uttarakhand and Uttar Pradesh. All these States belong to the Group of High Focus National Rural Health Mission (NRHM) states. The Annual Health Survey is being conducted as a panel survey where the sample is followed over the years. The survey activities including data collection, data validation, data processing, report writing etc. generally takes about a years.

The estimates of key indicators like the Crude Birth Rate, Crude Death Rate, Infant Mortality Rate and other programme indicators are useful in effective monitoring of the programmes at the District level. At present, these estimates are available only at the State level.

(d) and (e) The NRHM has been launched by the Government in 2005 throughout the country, with special focus on 18 States which includes 8 erstwhile Empowered Action Group States, 8 North-East States, Himachal Pradesh and Jammu and Kashmir to provide accessible, affordable, accountable, effective and reliable primary health care facilities, especially, to the poor and vulnerable sections of the population of rural India. Since, the launch of NRHM, several activities have been undertaken under NRHM like strengthening institutional mechanism at State, District and Sub-District level, financial support at Village Sub Centre, Primary Health Centres (PHC), Community Health Centers (CHC), Sub-District, District and State level, for better utilization of health services; prevention and control of communicable and non-communicable diseases; revitalizing local health traditions and mainstreaming Ayurveda, Yoga, Unani, Siddha, homeopathy (AYUSH) etc. and considerable progress has been made. The institutional frame work of the NRHM has been established and operationlised in the various States and Districts.

The progress made under NRHM as reported by states is follows:

- Over 6.77 lakhs Accredited Social Health Activists (ASHAs) working actively in the field to connect households with health facilities.
- 4.28 lakh Village Health and Sanitation Committees constituted and untied funds made available to them for local public health action.
- 1.45 lakh Health Sub Centres made more effective through utilization of united funds, availability of drugs and addition of 44,429 Auxiliary Nurse Midwives (ANMs) on contract.
- 7,613 PHCs made 24X7, with provision of drugs, united grants, maintenance grants, Rogi Kaalyan Samiti (RKS) grants.
- 9,874 MBBS Doctors, 6,660 AYUSH Doctors, 13,278 paramedic staff, 3 staff Nurses in 5,520 PHCs. 2,344 Specialists taken on contract.
- Upgradation of physical infrastructure completed in 822 CHCs.
- More than 28,000 RKS established in DHs, CHCs, PHCs.
- 617 Integrated District Health Action Plans completed.
- 354 Districts have functional Mobile Medical Units.

Ranking of India by Global Hunger Index

1293. SHRI VIJAY JAWAHARLAL DARDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether, according to the Global Hunger Index for 2009 India has been ranked at a poor 65th position with an alarming rating;

(b) if so, the details thereof;

(c) whether Government's poor performance in controlling undernourishment, child malnutrition and child mortality has exposed the factual position in the world; and

(d) if so, what immediate corrective steps Government proposes to take in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) India is ranked 65th on the Global Hunger Index (GHI), 2009 (as brought out by the International Food Policy Research Institute (IFTRI) – an alliance of 64 governments, private foundations and international and regional organisations. The index is based on prevalence of child malnutrition, rates of child mortality and the proportion of people who are calorie deficient. The Global Hunger Index for India has declined from 32.7 to 23.9 for the period 1990 to 2009.

(c) and (d) The percentage of children under age three who are underweight has declined from 52% as per National Family Health Survey I (1992-93) to 40% as per National Family